

# CACFP Special Diet Statement

\_\_\_\_\_ (Center Name) is a participant in the Utah State Office of Education Child and Adult Care Food Program (CACFP). As a participant, this institution is required to serve the minimum amounts and types of foods required by the CACFP. If medically necessary, or because of special dietary needs, substitutions may be made. These substitutions must be authorized by a recognized medical authority, such as a physician, a registered dietitian, or a nurse practitioner.

The medical authority must specify, in writing, the food(s) to be omitted from the child's diet and the food(s) to be substituted. If possible, food(s) should be substituted with similar type foods.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Today's date: \_\_\_\_\_ Substitution Effective until: \_\_\_\_\_

Foods to eliminate from diet	Food to substitute
example: Milk	example: Rice milk
Signature and title:	Date: